

Field Planning Meeting Form

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DCN

(This completed form must be placed in the project QA file.)

Meeting Date: 9/28/06/ Time: 9:45 am (Mountain Time)

Conducted By: Dee Warren

Project Name: Libby Asbestos Project - Ambient Air Monitoring Program

Project No.: 2616.006.201.AMAIR

Field Activity Dates/Schedule: Sampling to start 10/3/06 for a minimum of one year. Refer to the Final SAP for Outdoor Ambient Air Monitoring (09/06), Section 4, for the detailed sampling schedule.

Type of Field Event (SI, RI/FS, etc.): RI/FS

Attendees:

	Name (Printed)	Role	Affiliation	Signature
1	Jeff Montera	Project Manager		
2	Paul Lammers	Site Manager		
3	Dee Warren	Team Leader		
4	Damon Repine	Field Team Leader		
5	Shawn Oliviera	Onsite H&S		
6	Patty Kari	Sample Coordinator		
7	Terry Crowell	QA Coordinator		
8	KIM FOX			
9	ANNIE AUTIO		CDM	
10	ROBERT EDGAR		EPA	
11	MARY GOLDATOR		EPA	
12	BONNIE LAVELLE		EPA	
13	MIKE CIRIAN		EPA	
14				
15				

List of Documents to be covered/present at field meeting (H&S Plan, SAP, QAPP, CDAP, etc.):

1. Final SAP for Outdoor Ambient Air Monitoring at the Libby Asbestos Site (September 2006), including Site Specific SOP CDM-LIBBY-07: Collection of Outdoor Ambient Air Samples
2. Comprehensive Site Health and Safety Plan (May 2003)

Field Planning Meeting (FPM) Form Instructions: Prior to the FPM, this completed form must be reviewed and approved by the local QA Coordinator and H&S Coordinator.

Agenda: (Detail each item accordingly; attach additional sheets as needed.)

Project Objectives: To discuss roles and responsibilities, schedule, initial and future equipment setup, sample collection procedures, field paperwork requirements, field quality control sample requirements, and sample custody; other topics as needed.

Field Measurements: Meteorological data required for this program will be obtained from the NOAA website. Sue Pass (Denver) is responsible for providing this data to Dee Warren on a weekly basis

Number and Type of Samples to Collect (Check all that apply with sample totals. List other activities as required):

- | | |
|---------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Groundwater No.: _____ | <input type="checkbox"/> Sediment No.: _____ |
| <input type="checkbox"/> Soil No.: _____ | <input checked="" type="checkbox"/> Air No.: 576 |
| <input type="checkbox"/> Surface Water No.: _____ | <input type="checkbox"/> Other No.: _____ |

Analysis of Samples: TEM ISO 10312, with project-specific modifications and counting rules.

QC Sample Types/Number Required: Lot blanks - 1/50 cassettes; field blanks - collect 1/day and analyze 1/week ; co-located field samples - collect and analyze 1/week (vary locations from week to week).

Equipment/Calibration Standards Needed: Sampling pumps will be calibrated to the required flow rate using a rotometer that is calibrated quarterly by Damon Repine or his designate.

Training Requirements: Air sample collection training

Other QA/QC Issues: Discussion as needed

Health & Safety:

Health and Safety Action Levels: see below

Target Contaminants and Highest Levels Detected: The primary target contaminant is Libby Amphibole (LA) asbestos. Ambient air monitoring is not designated as an asbestos removal activity, and personal monitoring is not necessary due to the large number of historical project occupational monitoring results. These results show that the levels of asbestos typically detected in the Libby area are a function of the work activity performed, with highest results coming from intrusive asbestos removal activities. Work activities that do not involve intrusive asbestos removal have repeatedly been below any level of concern.

Health and Safety Equipment: Level D PPE to include steel-toed boots, safety vests, eye protection, and hard hat. Flashlights and radios or cellular phones will also be used as needed.

Other Health and Safety Issues: Potential electrical, driving, cold weather, and typical residential pet hazards will be present.

Agenda Approvals:

CDM QA Reviewed (Signature and Date): _____

CDM Health and Safety (Signature and Date): _____

CC: CDM QA Coordinator
CDM H&S Coordinator